

Utah Department of Human Services, Office of Licensing
Division of Services for People with Disabilities
SAS Background Screening Application
120 North 200 West, Rm. #411
Salt Lake City, Utah 84103

DSPD
SAS

APPLICANT INSTRUCTIONS

1. Attach a legible copy of your current state driver's license or state identification card issued by the Division of Motor Vehicles. The copy must show the expiration date. (No other forms of identification can be accepted.)
2. The original application is required. DHS/DSPD is unable to accept faxed or copied applications.
3. Use blue, red or purple ink to fill out the application. (Please do not use black ink.)

APPLICANT REQUEST AND RELEASE

I hereby authorize the Utah Department of Human Services Office of Licensing to investigate my past and present child and adult abuse, neglect and exploitation records, law enforcement, driver's license and any and all information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122, and Rule 501-14. The release of any and all information is authorized whether the same is of record or not. I do hereby release the Department of Human Services from any damages resulting from the Department of Human Services furnishing such information to authorized agencies.

Legal First Name	Legal Middle Name (If no middle name, write NA)	Legal Last Name
List any other names ever used including nicknames, aliases, maiden, prior married, etc.		Social Security Number - -
Current Address		Birth Date / /
City, State, Zip		Daytime Phone () -

BACKGROUND QUESTIONS

1	Have you ever been charged with a crime by any law enforcement authority? Disclose all criminal offenses even if they were later dismissed or you completed a plea in abeyance or diversion program whether you pled guilty or not guilty to an offense, or if you are waiting to enter a plea to the court. If yes , attach a certified court docket or other certified record indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you ever been investigated for child or adult abuse? If yes , please attach your written explanation of the investigation including how it started and how it ended. Provide Location (and the case number if known).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	In the last five years have you lived or spent six (6) or more consecutive weeks in a U.S. state other than Utah? If yes , list each state separately and submit a professionally rolled fingerprint card with the application. See back for further instructions/renewals. State: _____ FROM month/year: _____ TO month/year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	In the last five years have you lived or spent six (6) or more consecutive weeks in a foreign country or U.S. Territory? If yes , list each country separately and attach original or notarized copy of background check from that country. See back for further instructions/renewals. Country: _____ FROM month/year: _____ TO month/year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Are you the grandfather, grandmother, uncle, aunt, sibling, or child of the person to be served? If yes , you do not need to send fingerprint cards or out of country documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that my answers contain no misrepresentation or falsification, and that the information is true and complete to the best of my knowledge. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being delayed or denied.

Applicant Signature	Date	Name and Client ID # of the person receiving services
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*****AGENCY/LICENSED PROGRAM REQUEST AND RELEASE*****

This section to be completed by the Foster Care Licenser, or the authorized representative for the program or Agency. **Complete all fields. Incomplete or illegible applications will be returned.** Machine print or use red, blue, purple or green ink (no black, light or pastel colors).

Name of Agency, Licensee or DHS Licenser: **DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES** Phone number: **(801) 538-4157**

Address: **120 N 200 W, ROOM 411** City: **SALT LAKE CITY** State: **UTAH** Zip Code: **84103**

Does the applicant provide foster/proctor care services? ☒ No **IF YES DO NOT USE THIS FORM**

I certify that I have inspected the applicant's state driver's license or state identification card, it does not appear to have been forged or altered, and it appears to be identical to the original. I have reviewed this completed application and it contains no misrepresentation or falsification to the best of my knowledge. The employer releases the Department of Human Services from any damages resulting from disclosing information to authorized agencies. The employer shall not disclose this form or its contents except as authorized by Utah or federal law.

CATHY DAVIS, DSPD Background Screening Technician

Signature of Authorized Agency or Program Representative or DHS Licenser

Printed Name of Authorized Agency or Program Representative or DHS Licenser

DO NOT WRITE OR MARK BELOW. THIS SPACE IS FOR CBS USE ONLY. STAMPS BELOW DESIGNATE APPROVAL

LIVE SCAN DATE / / BILLING CODE B1578 TECHNICIAN SIGNATURE	62A-2-120	LIC-C	MIS-A	DATE STAMP
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INCOMPLETE/ILLEGIBLE APPLICATIONS WILL BE RETURNED

SEE BACK FOR FURTHER INSTRUCTIONS

CONSUMER INFORMATION

Name of the person receiving services	Client ID# of the person receiving services
Current Address	Phone number of the person receiving services () -
City, State, Zip	Fiscal Agent (Circle One) Morning Star Acumen Leonard Consulting
Person to contact if there is a problem with this application	Daytime Phone () -

ADDITIONAL INSTRUCTIONS**Fingerprints:**

- Applicants that require a fingerprint card will need to have them completed at a police station or sheriff station.
- Applicants may also go to one of the approved Office of Licensing's live scan location for electronic fingerprinting.
Be sure to bring the following items with you to the live scan location; application, prior approval for billing, copy of applicants driver's license and social security card.

Renewal- If live scan or fingerprint cards were submitted with your previous background application and you have not left the State of Utah for (6) or more consecutive weeks since that submission, it is not necessary to resubmit live scan or fingerprint cards. Please indicate on the application that the forms are already on file. If you have left the State of Utah for (6) or more consecutive weeks since your last submission, new fingerprint card information is needed.

Documentation for out-of-country residency:**New Applicant-**

An applicant who has lived outside of the United States (including Puerto Rico, American Samoa, U.S. Virgin Islands and Guam) within the last five years for more then six (6) consecutive weeks will need to attach one of the following:

- A criminal background check from each of the countries they have lived in. (Contact that country's embassy in Washington D.C. for instructions on how to obtain a criminal background check from that country.)
- If the applicant was serving in the U.S. military or in a full-time ecclesiastical service they can attach the following instead of the criminal report from the country.
-An original letter or certificate from the U.S. military or full-time ecclesiastical foundation stating that they were released without any criminal history. The letter will also need to include dates of service and area in which they lived. If applicant wants to keep the original letter of release or certificate they will need to take the original document along with a copy of the document to a notary public officer to be notarized. Then attach the notarized copy to the application. The applicant can also bring the original letter of release or certificate to the Office of Licensing located at 120 North 200 West in Salt Lake City, Utah to be validated. This does not apply if the applicant is the grandfather, grandmother, uncle, aunt, sibling, or child of the person receiving direct services.

Renewal- If out-of-country documentation was submitted with the previous application, please attach supporting documentation.

Questions:

If you have any questions regarding this application, please call DSPD and ask for the Background Technician:

For the hearing impaired:	(801) 528-4192
Office Number:	(801) 538-4200
Toll Free Number:	1 (800) 837-6811

Mail completed forms to:

ATTN: BACKGROUND SCREENING TECHNICIAN
DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES (DSPD)
120 N 200 W RM 411
SALT LAKE CITY, UT 84103